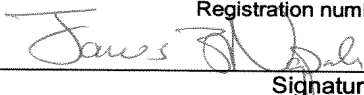


|   |                                  |   |                         |
|---|----------------------------------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                                  | Docket Number (Optional)<br>29827/41772   |                         |
| Application Number      10/565,050-Conf. #5372  |                                  | Filed      February 15, 2006              |                         |
| For      Method for the Secondary Crosslinking of Hydrogels with Bicyclic Amide Acetals   |                                  |   |                         |
| Art Unit      1796  |                                  | Examiner      R. C. Boyle                 |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |   |                         |
|   |                                  | <u>Fee</u>                                | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$130                                     | \$65      \$ 130.00     |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$490                                     | \$245      \$           |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1110                                    | \$555      \$           |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1730                                    | \$865      \$           |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2350                                    | \$1175      \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                         |
| <input checked="" type="checkbox"/> Payment by credit card.   |                                  |   |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> .   |                                  |   |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |                                  |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,361</u>  |                                  |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |                                  |   |                         |
| Registration number if acting under 37 CFR 1.34 _____   |                                  |   |                         |
| <br>Signature  |                                  | <u>March 8, 2010</u><br>Date              |                         |
| <u>James J. Napoli</u><br>Typed or printed name   |                                  | <u>(312) 474-6300</u><br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |   |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |   |                         |